

Application #: _____

TOWN OF BROOKFIELD
APPLICATION FOR FIRST CUT OR LOT LINE REVISION

Application Date: _____

Property ID#: _____

Circle one: First Cut

Lot Line Revision

APPLICANT/AGENT:

Name: _____

Address: _____

Contact: _____

Phone: _____

LAND OWNER OF RECORD:

Name: _____

Address: _____

Contact: _____

Phone: _____

SITE DATA:

Street Address _____

Total Acreage: _____

Zoning District: _____

Total Square Footage: _____

REQUIRED DOCUMENTATION:

- ☐ Completed Application
- ☐ Copy of Recorded Deed(s)
- ☐ Survey showing existing and proposed lot lines (original + 13 copies)
- ☐ Existing septic system location
- ☐ Soil Test Data
- ☐ Public Health Code complying area for septic system
- ☐ \$50.00 Health Review Fee

*****All maps are to be submitted folded with title facing out*****

Applicant Signature

Date

FOR OFFICE USE ONLY

Health Dept. Decision Date: _____

Planning Decision Date: _____

Approved

Denied

Approved

Denied

Town of Brookfield - Health Dept.

Planning Commission Chairman

Notes: _____

Date Mylar Signed

Date Filed on Land Records